



BOUT EXCEPTION FORM

(Must be received by Golden Gloves of America, Inc at least 7 days prior to the first Golden Gloves event in which you wish to participate)

USA Boxing Member ID #: _____ Franchise: _____

Boxer Name: _____

City, State: _____

Phone: _____ Email: _____

Gym Name: _____

Personal Coach Name: _____

Phone: _____ Email: _____

Boxer Matchtracker Record: ____ Wins ____ Loss ____ Other (Walkover/RSC, etc) Weight Class: _____

Phone: _____ Email: _____

What makes you a good candidate for the bout exemption at the National Golden Gloves?

Boxer Signature

Franchise Delegate Signature

Print Name

Print Name

Date

Date

Email completed form to: pbcboxing@maine.rr.com SUBJECT: BOUT EXCEPTION REQUEST

Please do not write below this line

Exception request **APPROVED** _____ **DENIED** _____ by Golden Gloves of America, Inc

Signature _____ Print Name _____ Date _____